

## Substitute for Form PTO-875

Application or Docket Number

Application or Docket Number  
10/604,439

(Column 2)

OR

## SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

RATE (\$)		FEE (\$)
X	=	
X.	=	
TOTAL		

RATE (\$)		FEE (\$)
X	=	
X	=	
TOTAL		

\* If the difference in column 1 is less than zero, enter "0" in column 2.


(Column 2)


(Column 3)

**OR**

## SMALL ENTITY

AMENDMENT A	7/30/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(i))	* 28	Minus	** 58	= 0
	Independent (37 CFR 1.16(h))	* 7	Minus	*** 5	= 0
	Application Size Fee (37 CFR 1.16(s))				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					

RATE (\$)		ADDITIONAL FEE (\$)
X	=	
X	=	
TOTAL ADD'L FEE		

RATE (\$)		ADDITIONAL FEE (\$)
X	=	
X	=	
TOTAL ADD'L FEE		

		(Column 1)		(Column 2)	(Column 3)
<b>AMENDMENT B</b>		<b>CLAIMS REMAINING AFTER AMENDMENT</b>		<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>
	<b>Total (37 CFR 1.16(i))</b>	*	<b>Minus</b>	**	<b>=</b>
	<b>Independent (37 CFR 1.16(h))</b>	*	<b>Minus</b>	***	<b>=</b>
	<b>Application Size Fee (37 CFR 1.16(s))</b>				
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</b>					

RATE (\$)		ADDITIONAL FEE (\$)
X	=	
X	=	
TOTAL ADD'L FEE		

RATE (\$)		ADDITIONAL FEE (\$)
X	=	
X	=	
TOTAL ADD'L FEE		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.**